

## PREREQUISITE WAIVER REQUEST

*Office of the Vice President for Academic Affairs*

**Student's Name:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_

**Area of Study:** \_\_\_\_\_

**Course Number & Name:** \_\_\_\_\_

**Prerequisite (s) for the course above:** \_\_\_\_\_

I request that the published prerequisite (s) for the above course be waived for me because I believe I have gained the skills and/or knowledge the prerequisite (s) provides in the following manner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue on reverse side, if necessary.)

**Student's Signature:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

### *For Office Use Only*

Approved:  Disapproved:

**Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approved:  Disapproved:

**Dean or Designee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

